



MOORE NORMAN
TECHNOLOGY CENTER
Permission Form

Please fill out and return by: _____ **Transportation will be provided by MNTC.**

Event Name: _____ Date: _____

Departure time: _____ Approximate Return time: _____

Instructor/Sponsor Name: _____ Contact Number: 405.364.5763 ext. _____

High School Students Only

I, _____, hereby give my child, _____ permission to attend the event listed above. Students will be excused from their high school.

By signing this form, I give Moore Norman Technology Center permission to arrange for medical treatment for my child in case of an emergency.

Parent/Guardian

Date

Adults Only

Medical Release

By signing this form, I am giving Moore Norman Technology Center permission to arrange for medical treatment for myself in case of emergency.

Student Name

Student Signature

Date

Emergency Contact Information (Required)

Contact #1: _____ Phone: _____ Relationship: _____

Contact #2: _____ Phone: _____ Relationship: _____

Allergies (food, medication, plants, etc.): _____

Current Medications: _____